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U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
U.S. DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

ROBERT J. ...

Plaintiff,

CASE NO. C 08-2987 MMC

vs.

**APPLICATION TO PROCEED
IN FORMA PAUPERIS**

(Non-prisoner cases only)

STATE OF CALIFORNIA

Defendant.

I, Robert J. ..., declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ___ No X

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: 14.00

Employer: American Automation Association (AAA)

1000 1st Street, Suite 100, San Francisco, CA 94104

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 and wages per month which you received.

2 _____
3 _____
4 _____

5 2. Have you received, within the past twelve (12) months, any money from any of the
6 following sources:

7 a. Business, Profession or Yes ___ No X
8 self employment?

9 b. Income from stocks, bonds, Yes ___ No X
10 or royalties?

11 c. Rent payments? Yes ___ No X

12 d. Pensions, annuities, or Yes ___ No X
13 life insurance payments?

14 e. Federal or State welfare payments, Yes ___ No X
15 Social Security or other govern-
16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount
18 received from each.

19 N/A
20 _____

21 3. Are you married? Yes X No ___

22 Spouse's Full Name: Seven Atkins

23 Spouse's Place of Employment: Applebee's Restaurant

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ _____ Net \$ _____

26 4. a. List amount you contribute to your spouse's support: \$ N/A

27 b. List the persons other than your spouse who are dependent upon you for support
28 and indicate how much you contribute toward their support. (NOTE: For minor

children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)

None

5. Do you own or are you buying a home? Yes ☐ No ☒

Estimated Market Value: \$ N/A Amount of Mortgage: \$ N/A

6. Do you own an automobile? Yes ☒ No ☐

Make Toyota Year 2004 Model Camry

Is it financed? Yes ☐ No ☒ If so, Total due: \$ 2,000

Monthly Payment: \$ 166.67

7. Do you have a bank account? Yes ☐ No ☒ (Do not include account numbers.)

Name(s) and address(es) of bank: N/A

Present balance(s): \$ 0

Do you own any cash? Yes ☐ No ☒ Amount: \$ 0

Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes ☐ No ☒

8. What are your monthly expenses?

Rent: \$ 500 Utilities: 150

Food: \$ 100 Clothing: 50

Charge Accounts:

Name of Account	Monthly Payment	Total Owed on This Account
<u>American Express</u>	\$ <u>50</u>	\$ <u>500</u>
<u>Master Card</u>	\$ <u>50</u>	\$ <u>50</u>
<u></u>	\$ <u></u>	\$ <u></u>

9. Do you have any other debts? (List current obligations, indicating amounts and to whom they are payable. Do not include account numbers.)

Valley Care Hospital

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For Emergency and Summary Judgment

10. Does the complaint which you are seeking to file raise claims that have been presented in other lawsuits? Yes ☒ No ☐

Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in which they were filed.

Cas. 2:07-1127 (PR) / Cas. 2:07-1127
U.S. District Court for the District of Columbia

I declare under the penalty of perjury that the foregoing is true and correct and understand that a false statement herein may result in the dismissal of my claims.

7/31/08
DATE

[Signature]
SIGNATURE OF APPLICANT

U.S. POST OFFICE
450 Golden Gate
San Francisco, CA 94133

Legs/Ann. 1



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Leguina, M. J.

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